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Form	990

Department of the Treasury

Internal Revenue Service

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



,130,183.

Yes X No

No

Yes

1

If "No," attach a list. See instructions

Year of formation: 2011 M State of legal domicile: NJ

AT LAST FIGHTS FORCED

SERVICES AND ADVOCACY.

D Employer identification number

908-481-4673

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

AF	or the	e 2022 calendar year, or tax year beginning and ending			
B C a	heck if pplicabl	e: C Name of organization	D Employer identification	atio	
	Addre chang				
	Name		45-264609	2	
	Initial return				
	Final return	208 LENOY AVENUE	908-481-4		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		
X	Amen return	ded WESTFIELD, NJ 07090	H(a) Is this a group ret	urr	
	Applic tion	F Name and address of principal officer: FRAIDI REISS	for subordinates?	·	
	pendi	^{ng} 208 LENOX AVENUE, WESTFIELD, NJ 07090	H(b) Are all subordinates inc	lude	
<u>I</u> T	ax-ex	empt status: 🚺 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a li	ist.	
	Vebsi		H(c) Group exemption	nι	
			of formation: 2011 M	St	
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: UNCHAINED	AT LAST FIGH	Т	
an c		AND CHILD MARRIAGE IN THE U.S. THROUGH DIRECT			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			
8 8	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
iviti		Total number of volunteers (estimate if necessary)			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
			Prior Year		
ne		Contributions and grants (Part VIII, line 1h)	847,171.		
Revenue	9				
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,416.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	888,161.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		

3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	6 8 800 0.
	0.
6 Total number of volunteers (estimate if necessary)	0.
.2	
7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Prior Year C	Current Year
8 Contributions and grants (Part VIII, line 1h) 847,171. 1	L,100,614.
9 Program service revenue (Part VIII, line 2g) 6,438.	6,115.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7 7, 416.	20,874.
	0.
	L,127,603.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	428,115.
2 16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
16 Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 22,812. 17 Other expenses (Part IX, column (A), line 11e, 11d, 11f, 24e) 76, 295.	
	108,197.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 410,348.	536,312.
19 Revenue less expenses. Subtract line 18 from line 12 477,813.	<u>591,291.</u>
	End of Year
	<u>2,082,809.</u>
2,145. 2,145.	3,108.
2 Net assets or fund balances. Subtract line 21 from line 20	2,079,701.

Part II Signature Block

Т

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer				D	ate		
-	FRAIDY F	REISS,	EXECUTIVE	I DIRECTOR					
	Type or print na	ime and title							
	Print/Type prepa	arer's name		Preparer's signature		Date	Check	PTIN	
Paid	June M.	Toth		June M. Tot	:h 0		24 self-employed	P0002877	6
Preparer	Firm's name	ZBT CE	A and Cor	nsulting, LLC		Fi	rm's EIN 26 -	-4328306	
Use Only	Firm's address	6 Moys	e Place						
		Edisor	i, NJ 0882	20		Р	hone no. 732 -	-815-9800	
May the II	RS discuss this	return with t	he preparer show	n above? See instructions				X Yes	No
232001 12-1	3-22 LHA F	or Paperwor	k Reduction Act	Notice, see the separate	instructions.			Form 990 ((2022)

Form	990 (2022) UNCHAINED AT LAST, INC.	45-264609	2 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission: UNCHAINED AT LAST, INC. FIGHTS FORCED AND CHILD MARRIAG	יד א ייאד וו	q
	THROUGH DIRECT SERVICES AND ADVOCACY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	······································	res X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services		res X No
3	If "Yes," describe these changes on Schedule O.	۰،	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$O. including grants of \$) (Re		<u>0.</u>)
	UNCHAINED AT LAST, INC. PROVIDED CRUCIAL, OFTEN LIFE-SA ALL FOR FREE, TO 207 INDIVIDUALS TO HELP THEM ESCAPE FO		
	ALL FOR FREE, TO 207 INDIVIDUALS TO HELF THEM ESCAPE FO	ACED MARKIA	• 119
4b	(Code:) (Expenses \$0 • including grants of \$) (Re		<u> </u>
	OUR RELENTLESS ADVOCACY LED MASSACHUSETTS TO BECOME THE	SEVENTH U.	S
	STATE TO BAN CHILD MARRIAGE.		
4c	(Code:) (Expenses \$0 • including grants of \$) (Re		0.)
	WE RAISED GLOBAL AWARENESS OF FORCED AND CHILD MARRIAGE		
	THROUGH A FEATURE IN HILLARY AND CHELSEA CLINTON'S APPL	E TV+ DOCUS	ERIES
	"GUTSY", AN INTERVIEW WITH BBC WORLD SERVICE AND MORE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 468,736 · including grants of \$) (Revenue \$)	
4e	Total program service expenses468,736.		
		For	m 990 (2022)
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	3		

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Form	990	(2022)
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 Form 990 (2022)
 UNCHAINED AT LAST, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
h	Part VI			- 23
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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Form	990	(2022)
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UNCHAINED AT LAST, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28				
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
L	"Yes," complete Schedule L, Part IV			
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
C	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~	"Yes," complete Schedule L, Part IV			
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	5 5 <u>5</u>			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Form 990 (2022)

1c

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or within the year covered by this return. 2a 8 b If the cagenization have undeled basiness grass shoome of \$1,000 or more during the year? 3b X b If the cagenization have undeled basiness grass shoome of \$1,000 or more during the year? 3b X b If "res," inter lifted a Form 900 for this year? If "Wo' to line 3b, poroids an explanation or Schedule O 3b X b If "res," inter the nume of the long not the same framework in the an entimetal in or the same of the sam of the same of the sam of the same of the same of the s		990 (2022) UNCHAINED AT LAST, INC.	45-2646	092	P	age 5
a Einer the number of employees reported on Form W3, Transmitta of Wage and Tas Statements, 2 3 b If a beat one is reported on line 2a, did the organization field inquined foderal employment tax returns? 28 X a Did the organization have summitted business gross income of \$1,000 or more a uring the year? 3e X b If Yes, 'this I thied a form 9991 for this year' if 'Wo'to <i>lare 3b, provide an explanation on Schedule 0</i> 3e X b If Yes, 'this I thied a form 9991 for this year' if 'Wo'to <i>lare 3b, provide an explanation on Schedule 0</i> 3e X b If Yes, 'this I thied a form 9991 for this year' if 'Wo'to <i>lare 3b, provide an explanation on Schedule 0</i> 3e X b If Yes, 'a dist the name of the foreign country 5e 5K X b If a ves, 'a dist the name of the foreign country 5e X c If Ves, 'a dist the organization that versus is a party to a prohibited tax schedule transaction? 5e X c If Ves' i a line 5a or 50, did the organization an express attament that such contributions or gifts were not tax deductible? 5e X c If Ves' i a did the organization ant thy reado of schedule approximation and express the schedule 100, and did the organization nate were vess of taxing at yeas a contributions and year yeas a contribution at gifts were not tax deductible? 5e X <	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
tet to the calendar year endrag with or within the year covered by this return tab tab tab bit of test constructions in reported on line 2.4 of the organization fiel all required forcer amphorem tax returns? tab tab bit 17%s; "nature the name of the forcing of DNM to the mab, provide an explanation on Softwelde O tab tab constructions for line year? tab tab tab constructions for line requirements for Fin/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). tab tab constructions for line requirements for Fin/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). tab tab constructions for line year tab active tab shear transaction at any time during the tax year? tab tab tab constructions for line year tab tab active tab active tab active tab active tab active tab active tab tab tab constructions for line year? tab tab tab tab constructions for line year? tab tab tab tab cols tab tab tab<	0.		1 1		Yes	No
b If a least one is reported on line 2a, did the organization file all regulared federal amployment tax returns? 2b X 3a DM the organization have unique the organization have an interest in, or a signature or other authority over, a financial account in a longing country juck as a bain faccount, ascuring the organization have an interest in, or a signature or other authority over, a financial account in a longing country juck as a bain faccount, ascuring the organization have an interest in, or a signature or other authority over, a financial Accounts (FBAR). 4a X b If "Yes, "that if field a Form 900-T for this year? If "No" to line 3b, provide an exploration on Schedule O 4a X b If "Yes," other the name of the foreign country is use in a party to a prohibit tax set is a party tax setis party set is a party tax set is a party tax set is a party tax	2a					
3a Delt the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interval, securities account, or other handon's vers, a financial account? 4a X 4b I' Yes, "indicate the name of the trongen country. See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fining requirements for PinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X b U' Nes, "indicates and the organization fin for Rem 8865.77 See X See X See X c) U' Nes, "indicates the array controls that are normally greater than \$100,000, and diffee organization solute any contributions that were not accellative is a party to a prohibited tax sheater transaction? See X c) U' Nes, "idit the organization include with weavy solicitation an express statement that such contributions org risk were not tax deductibles on christutions under section 170(c). See X d) U' Yes, "idit the organization include with weavy solicitation and express and transport solicitation for the sequent? Te X d) U' Yes, "idit the organization include with weavy solicitation and express and transport solicitation set weavy solicitation and express and express and the seconitation secone and sevetas provided? Te X </th <th>h</th> <th></th> <th></th> <th>_</th> <th>x</th> <th></th>	h			_	x	
b If Yes, 'Isai Illied a Form 990 T for This year,' dit Ne to ine 3b, provide an explanation on Soleadue 0 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other autonity over, a transmit account is explained account in a foreign country (such as a bank account, securities account, or other financial accounts of fining requirements for Finic Point Tell, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization to a profit to a prohibited tax shellor transaction at any time during the tax year? 5c 6 Was the organization tay and using organization that two or is a party to a prohibited tax shellor transaction at any time during the tax year? 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization tais and the organization tais and the organization shellow the organization shellow the organization tais and the account shellow the organization shellow the organization receive apprent in access of \$15 male party as a contribution and party for goods and services provided to the party? 7s X 7 Organization neceive apprents in access of \$15 male party as a contribution and party for goods and services provided to the party? 7s X 8 Did the organization neceive apprent in access of \$15 male party as a contribution or cars. 7s X 9 If Yes, ' did the organization in the access of \$15 male party any party emutuum, an aparty for goods and services provided? 7s <th></th> <th></th> <th></th> <th></th> <th></th> <th>X</th>						X
4a A any time during the calendar year, dut the organization have an interest in, or a signature or other authority over, a financial accounti? 4a b If "Yes," enter the name of the foreign country (such as a brank account, securities account, or other financial accounts (FEAR). 5a X 5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax yea? 5a X 5a Was the organization at party to a prohibited tax sheler transaction at any time during the tax yea? 5a X 5b Did any toxable party notify the organization that it was or is a party to a prohibited tax sheler transaction? 5b X 5b Did any toxable party notify the organization that it was or is a party to a prohibited tax sheler transaction? 5c X 5c Did bit organization shele any contributions 5c X 5c Did the organization include with every solicitation and party to a prohibited tax sheler transaction? 5c X 7c Organization seties approximation services approxide? 7c X X 8 Did the organization seties approximation secola seties approximation seties approximation						
Int "Yes," return the name of the foreign country (such as a bank acount, securities account, or other financial account)? 4a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b D dari stassibility the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 6b D bos the organization that arounal gross receipts that an ormally greater than \$100,000, and did the organization solicit 6a X 6b I "Yes," foll the organization that every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 6a X 7b I I "Yes," foll the organization necked with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7b II I "Ses," fold the organization necked a payment in excess of \$7 medo party as a contribution or gueds or services provided? 7a X 7c II II I were intered a payment in excess of \$7 medo party is a contribution or a personal benefit contract? 7a X 7c II II I were intered a payment in excess of \$7 medo party is a porticitation and party for posts and excess provided? 7a X 7c II II I were intered a payment in excess of \$7 medo party is a contribution of a special payment in excess of \$7 medo party is a contribution of access is posts and payment in excess of						
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If "Yes," complete Form 6069. If "Yes," complete Form 6069. 232005 12-13-22 Form 990 (2022)	17					
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Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u>-</u> -
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. <u>7a</u>		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	. 7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	<u>8a</u>	X	-
	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.
201	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	l	X
-01	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
1~	Did the organization have local chanters, branches, or effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>⊢</u> ^
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12	and branches to ensure their operations are consistent with the organization's exempt purposes?	100	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Describe on Schedule of the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
č	on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?		X	
	Did the organization have a written document retention and destruction policy?		X	
	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization		77	
·	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
ect	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $_{ m NJ}$, ${ m NY}$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.			
C	State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION $-908-481-4673$			
	208 LENOX AVENUE, WESTFIELD , NJ 07090			
	208 LENOX AVENUE, WESTFIELD, NJ 07090 12-13-22	Forr	ז 990	(2022

Form 990	(2022)
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Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Con	npensated
	Em	nployees, an	d Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than o box, unless person is both officer and a director/trust				n an	compensation	compensation	amount of
	week (list any hours for related organizations below	stee or director	Institutional trustee	Offlicer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) FRAIDY REISS	line)	Ind	lns	0ff	Ke	ê Hg	For			
EXECUTIVE DIRECTOR	00.00	x						107,083.	0.	10,153.
(2) MARC LIEBERSTEIN	5.00	- 23						107,005.		10,155.
PRESIDENT		х		x				0.	0.	0.
(3) HOLLY MARTIN	5.00									
VICE PRESIDENT		х		х				0.	0.	0.
(4) LORI ROTH	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) KARA NEATON	5.00									
SECRETARY (RESIGNED 12.22)		Х		Х				0.	0.	0.
(6) CHRISTINE BROWN	5.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(7) ANNE BUEHL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) RICHARD GRUENBERGER	5.00	.,							0	
BOARD MEMBER (9) ADRIENNE MONTES	5.00	Х						0.	0.	0.
BOARD MEMBER	5.00	x						0.	0.	0.
								0.	0.	
		-								
		-								
		_								
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Form 990 (2022)

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Par			oloy	ees,			ghes	t Co		· ,			
	(A) Name and title	(B) Average hours per week	hours per box, unless person is both an compensation compensation								(F) stimate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom th ganizat Id relat anizati	e ion ed
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							107,083. 0. 107,083.	0. 0. 0.		0,1	0.
2	Total number of individuals (including but no compensation from the organization								•				1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>										3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable 0,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J fo	er compensation from to such individual	he organization	4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> , tion B. Independent Contractors										5		X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ation fr	om	
	(A) Name and business			ONE	0				(B) Description of s			C) ensatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos C	se lis [.])	ted	above) who received mo	ore than	F :	990 /	

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			UNCHAINED AT	LAST, I	INC.		45-2646	092 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any	/ line in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ις N	1	а	Federated campaigns 1a					
ant			Membership dues 1b		-			
<u> </u>			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G			Government grants (contributions) 1e	28,193	3.			
rion Si		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts				,072,421	L.			
ontr of O		-	Noncash contributions included in lines 1a-1f					
Ŭ e		h	Total. Add lines 1a-1f					
				Business Co		C 115		
ice	2		PROGRAM SERVICE	541900	0 6,115.	6,115.		
ue v		b						
m S Ven		c c						
Program Service Revenue		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		6,115.			
	3		Investment income (including dividends, inter					
			other similar amounts)		. 22,164.			22,164.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Persona	al			
	6		Gross rents 6a		_			
			Less: rental expenses 6b		_			
			Rental income or (loss)					
	-		Net rental income or (loss) Gross amount from sales of (i) Securities					
	· '	а	assets other than inventory 7a 1 , 290 .	.,	-			
		h	Less: cost or other basis		-			
e		~	and sales expenses					
venue		с	Gain or (loss) 7c -1,290.					
Rev			Net gain or (loss)			-1,290.		
Other	8		Gross income from fundraising events (not					
₿			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		_			
			Less: direct expenses 8	0				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19 92 Less: direct expenses 94					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
s				Business Co	de			
eou	11	а						
Miscellaneous Revenue		b						
Scel		c						
Μį			All other revenue					
	12		Total revenue. See instructions			4,825.	0.	22,164.
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Form 990 (2022)

UNCHAINED AT LAST, INC. Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	arants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21 📖				
2 G	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 G	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16				
4 B	Benefits paid to or for members				
5 C	Compensation of current officers, directors,				
tr	rustees, and key employees	107,083.	96,375.	6,425.	4,283
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	321,032.	289,276.	19,261.	12,495
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	ees for services (nonemployees):				
	Aanagement				
	egal	801.		801.	
		9,675.		9,675.	
		570751		570750	
	obbying				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	22,740.	22,240.		500
	olumn (A), amount, list line 11g expenses on Sch O.)	6,209.	5,433.	271.	505
	Advertising and promotion	5,567.	4,873.	653.	41
	Office expenses	5,507.	4,075.	000.	41
	nformation technology				
	Royalties	13,390.	0 0 5 7	4,323.	210
		2,692.	<u>8,857</u> . 2,580.	4,323.	<u>210</u> 46
	ravel	2,092.	2,300.	00.	40
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
2 D	Depreciation, depletion, and amortization				
	nsurance	26,984.	23,206.	2,699.	1,079
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
	mount, list line 24e expenses on Schedule 0.)	11,503.	11,503.		
_	SERVICE FEES	6,814.	2,942.	236.	3,636
_	TELEPHONE AND INTERNET	1,822.	1,451.	354.	<u> </u>
_		1,022.	т,4эт.	554.	<u> </u>
d _					
	All other expenses	F26 210	160 776	AA 76A	22 01
	otal functional expenses. Add lines 1 through 24e	536,312.	468,736.	44,764.	22,81
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				

232010 12-13-22

11 2022.05080 UNCHAINED AT LAST, INC.

UNCHAIN2

Form 990 (2022)

11490409 151727 UNCHAINED

UNCHAINED AT LAST, INC. Part X Balance Sheet

1 41						
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		32,163.	1	265,200.
	2	Savings and temporary cash investments		1,307,230.	2	1,473,166.
	3	Pledges and grants receivable, net		197,272.	3	25,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		2,367.	9	2,908.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	314,345.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14				14	
	15	Other assets. See Part IV, line 11		9,285.	15	2,190.
	16	Total assets. Add lines 1 through 15 (must equa		1,548,317.	16	2,082,809.
	17	Accounts payable and accrued expenses		2,145.	17	3,108.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
6	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lide		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,145.	26	3,108.
		Organizations that follow FASB ASC 958, che	ck here X			
sec		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		1,346,172.	27	1,699,161.
Bal	28	Net assets with donor restrictions		200,000.	28	380,540.
pu		Organizations that do not follow FASB ASC 9	58, check here			
μ		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net Assets or Fund Balances	32			1,546,172.	32	2,079,701.
-	33	Total liabilities and net assets/fund balances		1,548,317.	33	2,082,809.

Form **990** (2022)

Form	990	(2022)

Form	990 (2022) UNCHAINED AT LAST, INC.	45-	2646092	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,127		
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses. Subtract line 2 from line 1	3	591	.,2	<u>91.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,546	5,1	<u>72.</u>
5	Net unrealized gains (losses) on investments	5	-59),7	62.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	2	2,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,079),7	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2022	

Open	to	Public
Insp	peo	ction

Name of the organization

Name				identification number					
D		UNCH	AINED AT LA	AST, INC.				4	5-2646092
Par	τι	Reason for Public (Sharity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgani	zation is not a private found			-				
1		A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in section							
3 [A hospital or a cooperative					-		
4 [A medical research organize	ation operated in cor	ijunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
г		city, and state:							
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
- [section 170(b)(1)(A)(iv). (C							
6 [v	A federal, state, or local gov	-						
7 [X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
- [section 170(b)(1)(A)(vi). (C							
8 [A community trust describe			-				
9 [An agricultural research org				-		-	-
		or university or a non-land-g	frant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
40 [university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								
10 [•	, , ,				-	•	•
		activities related to its exem		•	• •				•
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) ind	in busines	ses acqui	red by the org	anization a	inter June 30, 1975.
11 [An organization organized a		volu to tost for public os	foty Soo	nantion E(O(a)(4)		
12		An organization organized a	-	•	•			my out the	nurnoses of one or
12 [more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	•••		-			-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must c			indjointy o				pporting
b		Type II. A supporting org	-		ion with its	s sunnorte	d organization	h(s) by hay	vina
2		control or management o	-				-		-
		organization(s). You mus						90 11 0 00 PF	
с] Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.
-		its supported organization						,	,
d		Type III non-functionally		-				ted oraaniz	zation(s)
		that is not functionally int	• •					-	
		requirement (see instructi	0	e ,	•		•		
е		Check this box if the orga	,	•				I, Type III	
		functionally integrated, or					, , ,,	, ,	
f	Ente	r the number of supported c							
g	Prov	ide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									

Part II

UNCHAINED AT LAST, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	356,031.	557,837.	611,596.	702,855.	1084536.	3312855.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	356,031.	557,837.	611,596.	702,855.	1084536.	3312855.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3312855.
	tion B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	356,031.	557,837.	611,596.	702,855.	1084536.	3312855.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 4 5 4			P 44 C	00.164	42 225
	and income from similar sources	3,461.	7,875.	2,890.	7,416.	22,164.	43,806.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2256661
	Total support. Add lines 7 through 10		-				3356661.
12	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for th	0		, ,		()()	
800	organization, check this box and stor						·····
	tion C. Computation of Publi						98.69 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the other have The exception qualifier						
L	stop here. The organization qualifies		-			or mara abaali thi	
D	33 1/3% support test - 2021. If the c			1			
17-	and stop here. The organization qual		•••			and line 14 is 100/	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		•	
h	meets the facts-and-circumstances te 10% -facts-and-circumstances test	•	•		•	7a and line 15 is :	
u	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	-		-		• •		
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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Schedule A	Form	990) 2022

UNCHAINED	ΑТ	LAST.	INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
U	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	 Unrelated business taxable income 						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the						e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizati	on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
2320	23 12-09-22		16			Schedu	le A (Form 990) 2022
			16				

2022.05080 UNCHAINED AT LAST, INC. UNCHAIN2

UNCHAINED AT LAST, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17

	(Form 990) 2022	UNCHAINED
Part IV	Supporting Or	ganizations (continued)

UNCHAINED AT LAST, INC.

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported experience)	1		

Section D	. All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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2022.05080 UNCHAINED AT LAST, INC.

UNCHAIN2

Yes No

232026 12-09-22	19	
11490409 151727 UNCHAINED	2022.05080 UNCHAINED AT LAST, INC.	UNCHAIN2

6

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	-			

6 D emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 UNCHAINED AT LAST, INC.			45-2646092 Page 6				
Ра	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.					
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)							

d Excess from 2021 e Excess from 2022

Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020

(i)

UNCHAINED AT LAST, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

45-2646092 Page 7

Current Year

(iii)

1

2

3

4

5

6

7

8 9

10

(ii)

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Section D - Distributions

2

3

6

7

8

9

	(Form 990) 2022			T LAST,			<u>45-2</u> 6	16092 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the 6 b, 4c, 5a, 6 3; Part IV, S	explanations re 5, 9a, 9b, 9c, 11 ection E, lines	quired by Pa la, 11b, and ⁻ 1c, 2a, 2b, 3a	11c; Part IV, Sectior a, and 3b; Part V, lin	ine 17a or 17b; Part III, B, lines 1 and 2; Part I e 1; Part V, Section B,	line 12; V, Section C, ine 1e; Part V,
232028 12-09-2	2						Schedule	A (Form 990) 202
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Sch	edule	В

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

UNCHAINED AT LAST

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

45-2646092

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is organization because it received *nonexclusively* set is the set is organization because it received *nonexclusively* set is the set is organization because it received *nonexclusively* set is the set is organization because it received *nonexclusively* set is the set is the set is organization because it received *nonexclusively* set is the set is th

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities	OMB No. 1	545-0047
(Form 990)		anizations Exempt From Incom	-	•	· 2 በ ⁴	22
		if the organization is described				Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for i	nstructions and the la	atest information.	Inspec	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lii	ne 46 (Political Campa	ign Activities), then	
	•	plete Parts I-A and B. Do not cor	•		_	
		1(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Part I	-B.	
Section 527 organize	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ Bart VI li	ino 47 (Lobbying Activi	tios) thon	
		nave filed Form 5768 (election un				
	•	nave NOT filed Form 5768 (election		•	•	I-A.
	•	Form 990, Part IV, line 5 (Proxy			•	
Tax) (See separate inst						
), or (6) organizat	ions: Complete Part III.				
Name of organization				E	Employer identificatio	
Part I-A Compl	UNCHAIN.	ED AT LAST, INC. anization is exempt unde	r agation 501(a)	or is a sastion 597	<u>45-26460</u>	192
	ete il the org	anization is exempt unde	er section 501(c)		organization.	
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV		
2 Political campaign					\$	
3 Volunteer hours for						3,900.
		-			·	
Part I-B Compl	ete if the org	anization is exempt unde	. , ,	-		
	•	incurred by the organization unde				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				No
4a Was a correction m b If "Yes," describe in					Yes	No
		anization is exempt unde	er section 501(c),	except section 50)1(c)(3).	
	-	by the filing organization for sec	• •	-		
		ization's funds contributed to oth				
exempt function ac	tivities		-		\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	3		
						No
		ployer identification number (EIN				
	-	ion listed, enter the amount paid omptly and directly delivered to a			-	
		additional space is needed, provi				
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions ree	ceived and directly separate nization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	UNCHAIN	IED A	T LAST, INC.		45-2	646092 Page 2
Part II-A Complete if the org	anization	is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
•••	0		• • •	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar		, 0	, ,			
B Check if the filing organization	tion checked	box A ar	d "limited control" pro	visions apply.		
	ts on Lobbyi	• •			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ns amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public	opinion (c	rassroots lobbying)			
b Total lobbying expenditures to influ	•				3,900.	
c Total lobbying expenditures (add lir					3,900.	
d Other exempt purpose expenditure					1,134,782.	
e Total exempt purpose expenditures					1,138,682.	
f_Lobbying nontaxable amount. Ente	er the amount	t from the	following table in both	n columns.	188,868.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of lin	e1f)			47,217.	
h Subtract line 1g from line 1a. If zero	o or less, ent	er -0-			0.	
i Subtract line 1f from line 1c. If zero	-				0.	
j If there is an amount other than zer	ro on either li	ne 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this		<u></u>				Yes No
<i>(</i> 0			raging Period Under			
(Some organizations th			ate instructions for lin	•	of the five columns be	low.
		•	ditures During 4-Yea			
	LODAY			Averaging Ferred		
Calendar year	(a) 20	19	(b) 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)	. ,		. ,			
2a Lobbying nontaxable amount	66,	274.	155,248.	101,882.	188,868.	512,272.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						768,408.
c Total lobbying expenditures	14,	112.	25,803.	40,000.	3,900.	83,815.
				• • • = ·		
d Grassroots nontaxable amount	16,	569.	38,812.	25,471.	47,217.	128,069.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						192,104.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(t)
of the	bobying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
с	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			- •	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				2 10
	answered "Yes."		bj Fart i	II-A, IIIe	5, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047
	n 990)	2022		
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public
-	Revenue Service		0 for instructions and the latest informatio	n. Inspection Employer identification number
Hann	-	UNCHAINED AT LAST,		45-2646092
Par		-	d Funds or Other Similar Funds or	Accounts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts
4	Total number at or	ad of year	(a) Donor advised funds	(b) Funds and other accounts
1 2		nd of year f contributions to (during year)		
3		f grants from (during year)		
4	Aggregate value a	t end of year		
5	-		writing that the assets held in donor advised	
~			exclusive legal control?	
6	•	•	dvisors in writing that grant funds can be use r donor advisor, or for any other purpose con	•
	impermissible priv			
Par			ganization answered "Yes" on Form 990, Par	
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).	
		of land for public use (for example, recrea	, <u> </u>	nistorically important land area
		f natural habitat	Preservation of a c	certified historic structure
2		of open space	fied conservation contribution in the form of a	a conservation easement on the last
-	day of the tax year	o o .		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	-			
С			ucture included in (a)	<u>2</u> c
d		vation easements included in (c) acquired a		2d
3			eased, extinguished, or terminated by the or	
Ū	year			
4	Number of states	where property subject to conservation eas	sement is located	
5		tion have a written policy regarding the pe		
~	,	orcement of the conservation easements it		
6	Stall and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatior	n easements during the year
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)
9		c .	on easements in its revenue and expense sta	
			note to the organization's financial statements	s that describes the
Par	t III Organiza	ounting for conservation easements. ations Maintaining Collections of the organization answered "Yes" on Form	Art, Historical Treasures, or Othe	er Similar Assets.
1a			8, not to report in its revenue statement and	balance sheet works
	-		blic exhibition, education, or research in furth	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	-		8, to report in its revenue statement and bala	
			exhibition, education, or research in furthera	ance of public service,
		ng amounts relating to these items: ded on Form 990. Part VIII. line 1		\$
2			asures, or other similar assets for financial ga	
	•	unts required to be reported under FASB A	· •	
	-	eduction Act Notice, see the Instruction	s tor Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		30	

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•	2		^	-	^	,

2022.05080 UNCHAINED AT LAST, INC. UNCHAIN2

Sche		ED AT LAST						45-26	46092	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	⁻ Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checł	any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	(L k	Loan or exc	hange progra	am					
b	b Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).		_		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1)	a. column (a)) held as:	I					
а	Board designated or quasi-endowment	•	%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
с		%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation the	it are held ar	nd administer	ed for the	•				
	organization by:								Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								_ 0.2		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulate	bd	(d) Book	value	e
		basis (investr		. ,	(other)	.,	reciation		(4) 2000	value	0
1a	Land		,	1	. ,						
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		V colum	nn (D) line 1	00.)						0.
Total	The most a through the (Column (a) Must e	iqual FUIII 990, Part	A. COIUI	<u>uu (D), IIIItë T</u>	UC.J			Schedule	D (Form	9001	
								Sonsaule	(i oi iii	550)	

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Schedule D) (Form 990) 2022	UNCHAINED	\mathbf{AT}	LAST,	INC.	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3)

(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 900, Part IV, line 11e or 11f, See Form 900, Part V, line 26	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 UNCHAINED AT LAST, INC.			45-3	2646092 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,670,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-59,762.		
b	Donated services and use of facilities	2b	602,370.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	542,608.
3	Subtract line 2e from line 1			3	1,127,603.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 2 and 10 (This was a few or 0.0. 5 in the start	5	1,127,603.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,127,005.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		1,127,003 . 1.
	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Returi	າ.
	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F		1,138,682.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	າ.
Pa 1	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per F	Returi	າ.
Pa 1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Returi	າ.
Par 1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Returi	າ.
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n. <u>1,138,682.</u>
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 602,370.	1 2e	n. <u>1,138,682.</u> 602,370.
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 602,370.	1	n. <u>1,138,682.</u>
Par 1 2 a b c d e	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 602,370.	1 2e	n. <u>1,138,682.</u> 602,370.
Par 1 2 a b c d e 3	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per F 602,370.	1 2e	n. <u>1,138,682.</u> 602,370.
Par 1 2 a b c d e 3 4 a b	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	Expenses per F 602,370.	1 2e	n. <u>1,138,682.</u> 602,370.
Par 1 2 a b c d e 3 4 a b	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	Expenses per F	1 2e 3 4c	n. <u>1,138,682.</u> <u>602,370.</u> <u>536,312.</u> 0.
Pa 1 2 b c d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e 3	n. <u>1,138,682.</u> 602,370.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE ARE NO UNCERTAIN TAX UNCERTAINTIES THAT MET THE

RECOGNITION THRESHOLD IN 2022.

232054 09-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

ſ Ζι 2

Complete if the organizations answered "Yes" on Form 990, Part IV, li	ines 29 or 30
Attach to Form 990.	

	I Revenue Service	Go to ww	/w.irs.	.gov/Form	990 for instruction	ns and the latest information	on.	- i	nspec	ction	-
Nam	e of the organization			-			Emplo	yer identif	icatio	n nur	mber
		UNCHAINED	AT	LAST,	INC.			45-26	460	92	
Pa	rt I Types of						•				
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of dete n contributi		•	s
1	Art - Works of art $\ _{.}$		L								
2	Art - Historical treas	sures	L								
3	Art - Fractional inter	rests									
4	Books and publicat	ions									
5	Clothing and house	hold goods									
6	Cars and other vehi	icles	L								
7	Boats and planes		L								
8		/									
9	Securities - Publicly	rtraded	L	Х	718		FAIR MA	ARKET	VAI	JUE	
10	Securities - Closely	held stock	L								
11	Securities - Partners trust interests	ship, LLC, or									
12		aneous									
13	Qualified conservat		Γ								
	Historic structures										
14	Qualified conservat	ion contribution - Othe									
15	Real estate - Reside	ential	Γ								
16		nercial									
17											
18											
19											
20		supplies									
21											
22											
23		IS									
24		cts									
25		FESSIONAL SE			0	0.	FAIR MA	ARKET	VAI	JUE	
26	Other (_) [
27											
28	Other ()								
29	Number of Forms 8	283 received by the or	ganiza	ation during	g the tax year for c	ontributions					
	for which the organ	ization completed Forr	m 828	3, Part V, D	onee Acknowledg	ement 29					
								_		Yes	No
30a	During the year, did	I the organization recei	ive by	contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it				
	must hold for at lea	st 3 years from the dat	te of th	ne initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for	or the entire holding pe	eriod?						30a		X
b	If "Yes," describe th	ne arrangement in Part	II.								
31	Does the organizati	on have a gift accepta	nce po	olicy that re	equires the review of	of any nonstandard contribu	tions?	L	31		X
32a	Does the organizati	on hire or use third par	rties o	r related or	ganizations to solid	cit, process, or sell noncash					1
	contributions?								32a		X
b	If "Yes," describe in	n Part II.									
33	If the organization of	didn't report an amount	t in co	olumn (c) fo	r a type of property	/ for which column (a) is che	cked,				
	describe in Part II.										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

UNCHAIN2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-2646092

UNCHAINED AT LAST, INC.

Form 990, Part VI, Section A, line 2:

TWO MEMBERS OF THE BOARD ARE RELATED.

Form 990, Part VI, Section B, line 11b:

THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE 990 TO ALL BOARD MEMBERS

PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c:

THE EXECUTIVE DIRECTOR MONITORS AND ENFORCES COMPLIANCE WITH THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Section B, Line 15:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF ALL STAFF

COMPARED TO COMPARABLE, AVAILABLE DATA OF OTHER NONPROFIT ORGANIZATIONS.

Form 990, Part VI, Section C, Line 18:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PAGE 1: THE 990 HAS BEEN AMENDED TO INCLUDE SCHEDULE C FOR LOBBYING EXPENSES.

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